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MEDICAL SERVICES INSURANCE ENQUIRY

Public Hearings

Appearing for the SOCIAL PLANNING COUNCIL OF METROPOLITAN TORONTO

Representatives from:

The Board of the Social Planning Council:

Mr. Harold Lawson, President, National Life Assurance Company of Canada, 522 University Avenue, Toronto 2, Ontario.	President and Chairman, Board of Directors, Social Planning Council.
Mr. Ross Dunn, Q.C., McMillan, Binch, Stuart, Berry, Dunn, Corrigan and Howland, 50 King Street West, Toronto 1, Ontario.	Vice-Chairman, Board of Directors, Social Planning Council.

The Health Section:

Dr. J. F. S. Walmsley, Director, Medical Services, Canadian Kodak Company Limited, 3500 Eglinton Avenue West, Toronto 15, Ontario.	Member, Board of Directors, Social Planning Council, and Chairman, Health Section Executive Committee.

The Brief Advisory Committee:

Dr. Thos. Schofield, Director, East York-Leaside Mental Health Clinic, Coxwell and Mortimer Avenue, Toronto 6, Ontario.	Chairman, Brief Advisory Board, and Member, Health Section Executive Committee.

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The Brief Advisory Committee:

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Clinic,
Lockwell and Mortimer Avenues,
Toronto 6, Ontario, etc.

Chairman,
Brief Advisory Board, and
Member,
Health Section Executive
Committee.

INTRODUCTION AND SUMMARY

(i) The Social Planning Council of Metropolitan Toronto has examined the proposed Medical Services Insurance Act and prepared a Brief about the influence of the proposed Act on

a) Prevention of disease

b) Co-ordination of health services

c) Comprehensiveness of care

d) The planning, organization and function of community health services.

(ii) The Council believes that due consideration should be given to the relationship the proposed Act has on other health and welfare services in the province, both government and voluntary.

(iii) The brief also reviews the exemptions set forth in the Act and suggests possible improvements in benefits and administration.

(iv) It is our view that the items listed in Schedule A of the Act put distinct limitation on the kind of care offered and, therefore, on the potential effectiveness of the Medical Services Insurance Act, Bill 163, and the Ontario Hospital ~~Insurance~~ Commission Act, Bill 165.

(v) The brief urges recognition of home care services as essential components in any medical and health care plan.

(vi) The brief urges study by government of ways for co-ordinating health facilities and services.

(vii) The brief points out the need for government to review its method of financing voluntary agency services.

(viii) The brief emphasizes the need for close collaboration between government and educational institutions in order to insure sufficient supplies of qualified professional personnel for staffing of health services.

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(ix) The brief suggests a pilot study should be developed in order to determine the best way of providing dental care to institutionalized, homebound and low-income persons.

(x) The brief indicates the need for an advisory committee to assist in the smooth operation of the Act.

RECOMMENDATIONS

The Social Planning Council of Metropolitan Toronto recommends:

1) THAT article one of the exemptions, which excludes annual or periodic health examinations, be deleted.

2) THAT care should be taken in the implementation of the Medical Services Insurance Act to assure that there is no detrimental effect on existing public services.

3) THAT article six of the exemptions, which excludes payment to the general practitioner for newborn-infant care, be deleted.

4) THAT organized Home Care should be considered part of basic medical and health care and ways be studied for including such a programme within the framework of existing and proposed legislation.

5) THAT the government should review existing relevant mandatory or permissive legislation to assure that it guarantees the actual cost of services purchased from voluntary organizations.

6) THAT an information service be established on a regional basis to provide information and advice to physicians and the public on available services in the area.

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7) THAT there be close collaboration between government and educational institutions in order to insure sufficient supplies of qualified professional personnel for staffing health and welfare services.

8) THAT a pilot study should be developed in order to determine the best way of providing dental care to the institutionalized, homebound and low-income persons.

9) THAT a permanent advisory committee be established to advise on and to assist in the best implementation of the Act.

B R I E F

from

SOCIAL PLANNING COUNCIL OF METROPOLITAN TORONTO

to

MEDICAL SERVICES INSURANCE ENQUIRY

1963

1. Mr. Chairman and members of the Medical Services Insurance Enquiry.

2. The Social Planning Council of Metropolitan Toronto is a community-wide organization whose purpose is to promote an effective, well-balanced program of health, welfare and recreation services, governmental and voluntary, for Metropolitan Toronto. This organization is independently incorporated, but works closely with the United Appeal for Metropolitan Toronto and is one of its participants. The Council also receives grants from charitable foundations and governments for special projects, as well as membership fees from its own members which include health, welfare and recreation agencies, both governmental and voluntary, associations, companies and individuals.

3. The Social Planning Council serves as the principal unifying influence in Metropolitan Toronto among about 400 social agencies. Voluntary health and welfare organizations, churches, synagogues, civic organizations, fraternal groups, labour, business, clubs and governments at all levels are involved in varying degrees. The Council endeavours to unify efforts, evaluate programmes, improve co-operation and understanding, avoid duplication, discover gaps and weaknesses, improve the quality and standards of performance and assure that funds are wisely spent.*

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*See Appendix I describing in detail the object of the Social Planning Council.

4. The Board of Directors, consisting of 45 key community leaders, renders invaluable service in their decisions on metropolitan social welfare, health needs and resources.

5. The Social Planning Council endorses prepaid health insurance as a means for assisting people to pay for their health care. It recognizes the desirability of the following features:

   a) freedom to participate in such a prepaid plan utilizing the carrier of the individual's choice

   b) freedom of choice of a physician or surgeon

   c) medical decisions left to the medical profession; thereby safeguarding the doctor-patient relationship

   d) the standard minimum plan being non-cancellable except by the insured person, guaranteed renewable and at a set premium

   e) all health insurers in the province belonging to an association known as Medical Carriers, Incorporated

   f) the assurance that every resident of Ontario may participate in a standard minimum plan without regard to age, state of health or ability to pay.

6. The general context of this submission reflects the thinking of the Social Planning Council in regard to community needs, and considers the manner in which the proposed Medical Services Insurance Act will influence planning, organization and function of all community health services.

7. The consensus of opinion is that the Act, as presently outlined, is a beginning, since it is restricted to basic physician's and surgeon's services in the hospital, the office and the home.

8. The intention of this brief is to constructively review the exemptions and to suggest possible improvements in the benefits and administrative provisions in this Act.

9. The proposed Medical Services Insurance Act's list of exceptions limits the effectiveness of preventive services and early case-finding techniques. The following exceptions described in Schedule A illustrate this problem.

10. Article 1. Annual or Periodic Health Examinations

The Medical Services Insurance Act has exempted several important procedures of preventive and rehabilitative care. One such important procedure being the annual or periodic health examination. The value of regular and continuing health supervision has been well demonstrated. A periodic health examination permits the recognition of deviations from normal in their early stages. Thus further progress of the disease may be prevented or retarded. Restorative medicine is most effective in the early stages of many diseases. Such an examination also gives the physician an opportunity to learn more about his patients, especially their emotional health and its effect on their over-all health. He can accordingly offer more knowledgeable counselling and advice. Particularly with the health care of elderly people, the doctor is often reminded, that had appropriate preventive or restorative measures been taken earlier, the degree of disability either could have been lessened or prevented altogether.

11. It is recommended that article one of the exemptions, which excludes annual or periodic health examination, be deleted.

Addition to Article 3, Item 13, p. 4, H.S.I. Brief

FURTHER EXPLANATION

Material Exemptions: The exemptions of dressings and cast materials (outside of the hospital), drugs, vaccines, etc.; special appliances, may create real problems for certain income groups,

Service Exemptions. The exemptions listed need careful consideration regarding progressive enlargement rather than restriction. For example, home nursing services, physical therapy (out-patient), oxygen in the home, etc. and out-patient laboratory and diagnostic services (whether government, commercial or hospital).

If the Act increases the demand on family physician and consultant services, then the above services will in turn be put under great pressure.

Some income groups may find it more feasible to attend a local physician rather than attending a more distant hospital out-patient department. Limitations in Article 3 could limit the local physician's full effectiveness.

Many gaps are now present in the above services as witness the attempts by various voluntary groups to supply some of these services. For example, prothesis appliances, physical therapy and rehabilitation procedures.

12. Article 3. Laboratory and other diagnostic procedures rendered as hospital services to the extent that these are provided for under the plan of hospital care insurance under The Hospital Services Commission Act; dental services; ambulance services; nursing services; dressings and cast materials; use of operating, plaster or fracture rooms; services of government or commercial laboratories; drugs, vaccines; biological sera or extracts or their synthetic substitutes; eye glasses; special appliances; oxygen; physical therapy and other similar treatments.

A number of these exemptions, for example, nursing services, drugs, dental services, appliances, put distinct limitations on the kind of care offered and could limit the full benefits of the Medical Services Insurance Act and the Ontario Hospital Insurance Act from being realized in certain instances.

13. It is recommended that care should be taken in the implementation of the Medical Services Insurance Act to assure that there is no detrimental effect on existing ~~public~~ health services.

14. Article 6. Newborn-infant care rendered by the physician delivering the infant.

During the crucial first week after birth, a doctor's care is important for the well-being of the newborn child.

15. It is recommended that article six of the exemptions, which excludes payment to the general practitioner for newborn-infant care, be deleted.

Implications of this Act for other Health Services and Health Needs

Home Care

16. Organized home care plans, which include homemaker services and foster homes, visiting medical and nursing services, meals-on-wheels, occupational, physical, speech and mental therapy, can do much to meet the needs for care of many patients with a disability, chronic illness or during convalescence. These programmes provide a practical way for reducing hospital stay and for assisting re-adjustment in selected cases. By using organized Home Care services, a family physician may carry out much restorative medicine in the home. The experimental Home Care Program in Toronto has demonstrated the worth of such a programme and pointed out a wide-spread need for this type of care.

No: regarding the costs.

17. It is recommended that organized Home Care should be considered part of basic medical and health care and ways be studied for including such a programme within the framework of existing and proposed legislation.

Control
Mainly — doesn't know what would happen to expenditures.

Strengthening the Voluntary Health Movement

18. The Act should be directed to the best use of all available treatment, restorative and preventative services. Voluntary health agencies are acutely interested and involved in health care and the problems facing the physician and his patient. As a result of this Act, more persons will be enabled to utilize the services of a personal physician rather than hospital out-patient service. The physician is likely to make more extensive use of the community health and welfare voluntary services. This brief endorses the interim report from the Needs and Resources Committee on Government Financing of Community Services provided by voluntary organizations.

19. It is recommended that the government should review existing relevant mandatory or permissive legislation to assure that it guarantees the actual cost of services purchased from voluntary organizations.

20. Government participation should not interfere with the autonomy, the objects of the agency, or its freedom to do research or experiment and enter into new fields of activity.

Information Centers

21. With growth of a wide variety of agencies, government and voluntary health and welfare programmes, an information service available to each community would greatly assist the private physician and the public in obtaining maximum benefit of such services. This has been demonstrated by the extensive use of the Information Service of the Social Planning Council of Metropolitan Toronto.

22. It is recommended that an information service be established on a regional basis to provide information and advice to physicians and the public on available services in the area.

Need for Qualified Personnel

23. At present, there are serious personnel shortages in the health and welfare field.

24. It is recommended that there be close collaboration between government and educational institutions in order to ensure sufficient supplies of qualified personnel for staffing health and welfare services.

Dental Services

25. Dental screening programmes have forcefully indicated an alarming incidence of dental caries and dental disease. All resources available, public and private, cannot provide the amount of service necessary to repair the damage that has accumulated and that is progressively worsening. Poor teeth will affect nutrition and food intake, and may adversely affect other physical conditions as well.

26. It is recommended that a pilot study should be developed in order to determine the best way of providing dental care to the institutionalized, homebound and low-income people.

Committee Action

27. Many problems will occur in interpreting and implementing the terms of the Act.

28. It is recommended that a permanent advisory committee be established to advise on and to assist in the best implementation of the Act.

29. The committee to be composed of representative laymen as well as competent professional personnel.

November, 1963.

APPENDIX I

The objects of the Social Planning Council are to promote an effective, well-balanced programme of health, welfare and recreation services for Metropolitan Toronto and District, as follows:

a. bring together individuals and representatives of organized groups to study facts and to work towards needed improvement in community services, both voluntary and tax-supported,

b. afford a channel through which various community organizations can work out such co-ordinated programmes as are in the community's best interest; to develop working agreements and solutions to common problems; to further harmonious co-operation between organizations; to prevent unnecessary duplication of effort,

c. study the needs of the people of the community; to determine how effectively and efficiently they are being met,

d. encourage experiments and demonstrations of new methods and the development of services to meet community conditions,

e. support appropriate measures to maintain or improve the quality and efficient operation of community services,

f. develop public awareness and understanding of social needs and how the community, through various means, is caring for them,

g. assist fund-raising and fund-appropriating groups, voluntary and tax-supported, through preparation of reports and recommendations related to community needs, services and standards of programme; through conducting special studies; and by co-operating in the activities of such organizations,

h. provide appropriate services for its member organizations and the community,

Appendix I (continued)

i. promote and support the development of capable volunteer and professional leadership essential to the carrying out of this programme,

j. do all such other things as are incidental or conducive to the attainment of the above objects.

SOCIAL PLANNING COUNCIL
OF METROPOLITAN TORONTO

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1963 - 1964

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